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Substitute for form 1449/PTO				Complete if Known		
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STATEMENT BY APPLICANT				First Named Inventor	Guy T. ROME	
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U.S. PATENT DOCUMENTS					
Examiner	Cile No.1	Document Number Number-Kind Code* (# known)	Publication Date MM-DO-YYYY	Namo of Patentoe or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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